PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. An inflated corrected below or directed otherwise in Block 1, by (a) specifying maintenance fee notifications.	a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" f
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the

FILING DATE

12/19/2007

7590 WOLF GREENFIELD & SACKS, P.C. 600 ATLANTIC AVENUE

BOSTON, MA 02210-2206

23628

APPLICATION NO.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

8070

(Depositor's name (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.

10/082.018 02/20/2002 Li How Chen G0744.70031US03 TITLE OF INVENTION: NON-HUMAN TRANSGENIC MAMMAL COMPRISING A MODIFIED MSP-1 NUCLEIC ACID

APPLN.TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$720 \$0 \$700 \$720 \$0/19/2008 EXAMINER ART UNIT CLASS-SUBCLASS CROUCH, DEBORAH 1632 \$800-014000 Change of correspondence address or indication of "Fee Address" (17 Rt 1353). Change of correspondence address for Change of Correspondence Address form PTO/SB/12/2) attached. Change of correspondence address for Change of Correspondence Address form PTO/SB/12/2) attached. The Address indication of "Pee Address" indication form PTO/SB/12/2) attached. Use of a Customer Number is required. The Address indication of "Pee Address" and the Address indication for "Pee Address" indication								
EXAMINER ART UNIT CLASS-SUBCLASS CROUCH, DEBORAH 1652 800-014000 Change of correspondence address or indication of "Fee Address" (37 FR 1.56)) Change of correspondence address (or Change of Correspondence address for Change of Chan	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
CROUCH, DEBORAH 1632 800-014000 Change of correspondence address or indication of "Fee Address" (37 FR 1.5G)) Change of correspondence address (or Change of Correspondence address (or Change of Correspondence address for Change of C	nonprovisional	YES	\$720	\$0	\$700	\$720	03/19/2008	
Change of correspondence address or indication of "Fee Address" (37 PR. 1363). L Change of correspondence address (or Cha	EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
TRI 150). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address from PTO/SB/122 attached. The Address indication for "Fee Address" indication form provided in the Address in indication for	CROUCH,	DEBORAH	1632	800-014000				
	Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 revistered patent attorneys or agents. If no name is		era 2 Sack		

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Janice A. Vatland, Ph.D.

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Framingham, MA 01702 GTC Biotherapeutics, Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖫 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. X Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overnayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form) Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Sunder Swind. Date _____ March 19, 2008 Authorized Signature 52,318

This collection of information is required by 3 CFR 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially in give proceed by 5 US CA. 122 and 3 CFR 141. That collection is estimated to she 122 minutes to complete, including spikerine, preparing, and the stress of the proceeding the confidence of the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patest and Tandemark CQ. So perstrained of Commerce, P.O. Box 1450, Alexandria, Vigninia 2213-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Vigninia 2213-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Registration No.

Typed or printed name